

Registration District No. **288**

Primary Registration District No. **3019**

Registrar's No. **230**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(If not hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **INFANT WALKER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color, or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **Sept. 23 1940**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **8** hr. _____ min.

9. Birthplace **Independence Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

12. Name **Scott Walker**

13. Birthplace **Macon Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mae Miller**

15. Birthplace **Amoret Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Scott Walker**

(b) Address **9221 Kentucky**

17. (a) **Burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **George C. Lawlor**

(b) Address **Independence Mo.**

19. (a) **Sept 25-40** (b) **F. L. Cook**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **9221 Kentucky**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **24**
year **1940** hour **3** minute **1** M.

21. I hereby certify that I attended the deceased from **Sept 23 1940**
to **Sept 24 1940**;
that I last saw him alive on **Sept 23 1940**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Crementia - 506 mg protein**

Due to _____
Due to **124**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No**

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Wm. E. Johnson** (M. D. or other) **MD**

Address **Independence Mo** Date signed **9/24/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.